

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____ No. 729 Line Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Gilberts Duarte { If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 13 1926
Month Day Year8. FATHER
Full name Barcament Duarte9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 35 (Years)12. Birthplace (city or place) _____
(State or country) Mexico13. Occupation Miner
Nature of industry Copper20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 014. MOTHER
Full maiden name Rita Ballarte15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.16. Color or race Mexican 17. Age at last birthday 28 (Years)18. Birthplace (city or place) _____
(State or country) Mexico19. Occupation Housewife
Nature of industry21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:30 a m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)Address Miami ArizonaGiven name added from a supplemental report. Filed May 28 1926 Local Registrar.

Filed _____ 19 _____ County Registrar.

Registrar

745-513-925